

OCT 11 2005

Attorney's Docket No.: 06618-790001

Client's Ref. No.: ~~GFT-3411~~

OFFICIAL COMMUNICATION FACSIMILE:

OFFICIAL FAX NO: (571) 273-8300

Number of pages including this page 20

Applicant: Koch et al.  
Serial No.: 09/912,225  
Filed: July 23, 2001

Art Unit : 2621  
Examiner : D. Dang

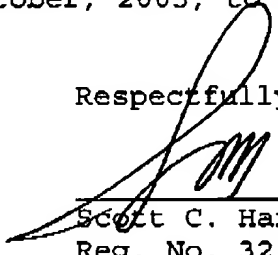
Title : COMPUTATION OF INTRINSIC PERCEPTUAL SALIENCY IN VISUAL  
ENVIRONMENTS, AND APPLICATIONS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Attached to this facsimile communication cover sheet is  
Amendment, faxed this 11<sup>th</sup> day of October, 2005, to the United  
States Patent and Trademark Office.

Respectfully submitted,

Date: October 11, 2005

  
\_\_\_\_\_  
Scott C. Harris  
Reg. No. 32,030

Fish & Richardson P.C.  
12390 El Camino Real  
San Diego, California 92130  
Telephone: (858) 678-5070  
Fax: (858) 678-5099

10560164.doc

NOTE: This facsimile is intended for the addressee only and may contain privileged or confidential information. If you have received this facsimile in error, please immediately call us collect at (858) 678-5070 to arrange for its return. Thank you.

Attorney's Docket No.: 06618-790001/CIT 3411

RECEIVED  
CENTRAL FAX CENTER

OCT 11 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Christof Koch et al.                      Art Unit: 2621  
Serial No.: 09/912,225                                      Examiner: D. Dang  
Filed : July 23, 2001  
Title : COMPUTATION OF INTRINSIC PERCEPTUAL SALIENCY IN  
              VISUAL ENVIRONMENTS, AND APPLICATIONS

Mail Stop AF  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, Va 22313-1450

AMENDMENT

In response to the Office action mailed July 13, 2005,  
please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 14 of this paper.

## CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by  
facsimile to the Patent and Trademark Office on the date indicated  
below.

Date of Transmission

Signature

Typed or Printed Name of Person Signing Certificate